

# Wisconsin Department of Regulation & Licensing

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## PSYCHOLOGY EXAMINING BOARD

### VERIFICATION OF SUPERVISED EXPERIENCE FORM

(duplicate if necessary)

#### CHECK ONE

☐ PRE-DOCTORAL

☐ POST-DOCTORAL

**THIS FORM MAY BE SUBMITTED TO DOCUMENT SOME OR ALL OF THE REQUIRED 3,000 HOURS OF SUPERVISED EXPERIENCE WHEN EITHER NO FORMAL PREDOCTORAL INTERNSHIP OR FORMAL POST-DOCTORAL RESIDENCY WAS COMPLETED**

**Please Note:** It is not acceptable to attach letters in lieu of completing this form.

#### Part I. – To be completed by the Applicant for Licensure (duplicate if necessary)

Applicant	NAME:		
	CURRENT ADDRESS:		
	CITY/STATE/ZIP		
	TELEPHONE #:		
	Degree:		Field:

#### Hours of Supervised Experience

Supervisor's Name (List primary first)	Supervisor's Degree (Ph.D. or Psy.D.)	Year Supervisor was Licensed as a Psychologist	Hours/Week of Individual Supervision	Hours/Week of Group Supervision	Dates of Supervision From/To Mo/Day/Yr-Mo/Day/Yr

Location(s)	List place(s) where you engaged in professional experience under these supervisors. If the place the actual supervision occurred is different, please clarify on a separate sheet of paper.		
		1	2
	LOCATION:		
	ADDRESS:		
	CITY/STATE/ZIP		
	NAME OF SUPERVISOR		
	SUPERVISOR'S TITLE OR POSITION		
	SUPERVISEE'S TITLE OR POSITION		

Duties	Describe below, in detail, the training program and/or psychological duties performed while supervised.

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Supervised hours are to be accumulated at not more than 40 nor less than 16 hours per week.

Summary of Supervision Hour Totals						
Total number of hours of supervised experience						
	Total Number of Weeks	MULTIPLY	Average Number of Hours per Week	EQUALS = Initial Number of Hours	MINUS – number of hours of training missed during the period for such things as vacation, holidays, sick days, personal days, snow days, etc.	EQUALS = Total Number of Hours Earned
EXAMPLE	50 weeks	X	40 hours	= 2,000 hours	- 160 hours	= 1,840 hours
Applicant						

Please note: Wisconsin Administrative Code Chapter Psy 2.09(3)9 reads:

“The experience shall consist of at least 25% face-to-face client contact and at least 40% direct service for the purpose of providing psychological service. For the purposes of this subsection direct service means those activities a psychologist performs that are directly related to providing psychological services to a client, such as note and report writing, studying test results, case consultations and reviewing published works relating to the client’s needs.” Direct service also includes face-to-face contact.

Total number of hours per week of direct psychological experience						
	Total Number Hours per Weeks	PERCENT	Total number of hours per week of direct service for the purpose of psychological service	PERCENT	Total number of hours per week of face-to-face contact with clients	PERCENT
EXAMPLE	40 hours per week	100%	23 hours per week	57.5%	12 hours per week	30.0%
Applicant						

Supervision	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S) including person completing Part II of this form For each additional supervisor listed, indicate degree and type of license held during period of supervision
	1		2
	INDIVIDUAL:		
	GROUP:		
	OTHER (SPECIFY):		
	TOTAL PER WEEK:		

I declare that all of the foregoing in Part I of this form is true and correct.

\_\_\_\_\_  
Signature of Applicant for Licensure

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

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## Supervised Experience Verification Form (duplicate if necessary)

Applicant: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Instructions to Supervisor completing this form:

The person (named above) is applying for licensure in Wisconsin and has given your name as the supervisor of part of the required 3000 hours of psychological experience appropriate to his/her professional practice as a psychologist. Please review each page of this form and answer questions where indicated. Return the entire form to the Wisconsin Department of Regulation and Licensing at the address indicated below. If your responses need explanation, please provide appropriate comments on an attached sheet. Your complete evaluation of this applicant is critical for licensure and, ultimately, protection of the consumer.

Thank you for your time and effort.

The Wisconsin Psychology Examining Board

### Part II – To be completed by supervisor named on page 1

	Yes	No
1. Was the supervisee functioning in this same work setting under any other license or in any other professional capacity with the same client load during the period of supervision? If yes, attach explanation.		
2. Was a licensed psychologist responsible for the integrity and quality of the training program?		
3. Was any supervisor's license to practice psychology subjected to discipline by any state or country or on probationary status or in a delinquent status at any time during the period of supervision? If yes, please attach explanation.		
4. Was supervision conducted by a licensed psychologist who carried full legal, ethical and professional responsibility for cases being supervised as well as holding authority in professional disagreements with the applicant?		
5. Were you empowered to interrupt or terminate the supervisee's activities in providing services to a client/patient and, if necessary, to terminate the supervisory relationship?		
6. Were you available to directly intervene in services in the same work setting in which the person supervised was obtaining supervised professional experience? If no, please explain.		
7. Was there any relationship between the supervisor and applicant for licensure other than supervisory? If yes, please explain on an attached sheet methods used to avoid dual relationship issues.		
8. Did you or any of the trainee's supervisors accept fees, honoraria, favors or gifts directly from the supervisee? If so, please explain the arrangement on an attached sheet and what steps were taken to avoid a dual relationship.		
9. Are you or were you or any of the trainee's supervisors involved in a dual relationship that created an obligation to the supervisee? If yes, please explain.		
10. Were you and any person who supervised the trainee qualified by training and experience to practice in the supervisee's areas of supervised practice?		
11. Did you and any person who supervised the trainee establish objectives to be achieved by the supervisee during supervision?		
12. Did you and any person who supervised the trainee review standards of practice and ethics with the supervisee?		
13. Did you observe client/patient sessions of the supervisee or review verbatim recordings of these sessions on a regular basis?		
14. In regularly scheduled supervisory meetings, did you discuss the supervisee's development as a psychologist – for example, the supervisee's areas of competence and areas of needed improvement?		
15. Did you ensure that the supervisee's status as a psychology trainee was made known to client/patients and to third-party payers?		
16. Did you ensure that the supervisee had access to multidisciplinary team membership?		

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	Yes	No
17. Did you receive any complaints about the applicant for licensure or have any reason to suspect that the applicant is less than fully ethical, professional, or qualified for licensure? If yes, please explain on an attached sheet.		
18. Did you (and others who supervised this individual) have education and/or training in supervision?		
19. Have you had at least 3 years of post-licensure experience?		
20. To the best of your knowledge does this person appear to have good moral character, and has he/she exhibited professional conduct at all times as defined by the APA Code of Ethics for Psychologists?		
21. To the best of your knowledge, did this person perform his/her duties as an intern/trainee competently?		
22. To the best of your knowledge, did this person satisfactorily complete all aspects of the supervised training experience?		
23. Is the information provided by the former supervisee in Part I of this form accurate? If no, describe or discuss the differences on a separate sheet of paper and attach to this form.		
24. Did you provide written quarterly evaluations that delineated the supervisee's strengths and weaknesses? Please attach.		
25. Have you completed the attached Summary of Competencies for Independent Practice?		

**If your answer to questions 10-16 and 18-23 is "No," please explain on a attached sheet.**

I (or the person who supervised this individual) would rate the supervisee's performance during the period of supervision as:

(check one)      ☐ SATISFACTORY      ☐ UNSATISFACTORY

**REMARKS: please provide additional information regarding your evaluation above.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I attest that \_\_\_\_\_ has worked as a psychology intern, trainee, resident, or the equivalent in a position intended primarily to train as a psychologist under my supervision.

**Please supply the following information about yourself:**

**Current Position or Title:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Specialty Area (e.g., Health Psychology, Neuropsychology, Counseling, etc.):** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

I declare that all of the foregoing in Part II of this form is true and correct.

\_\_\_\_\_  
 Signature of Person Verifying Supervised Experience

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Date

Please return this completed form to:

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